

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014590

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 46

FILED APR 30 1962

VS 300
Rev. 4/59

6001
22119

3

4 2

5 0

6

7 1

8 1

90021

10

11

12 7-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Independent city	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 1112	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3972 Finney Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MELVIN Middle WALTER Last MORGAN		4. DATE OF DEATH Month April Day 18 Year 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Foundry	9. AGE (last birthday) 45 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Nowata, Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Albert Morgan		13b. MOTHER'S MAIDEN NAME Alberta Ezell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		17. INFORMANT Address James Ellis, cousin, 3972 Finney Street St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculosis, pulmonary, far advanced, active			INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) - - - -	
20c. TIME OF INJURY Hour 8:33 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 4-2-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - -		20f. CITY, TOWN, OR LOCATION COUNTY St. Louis STATE Missouri	
21. Attended the deceased from 4-2-59 to 4-18-62 Death occurred at 8:33 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F.J. MANTELL, M.D., Acting Pathologist (Degree or title)		22b. ADDRESS VACC, Ex. Spgs Div., Wadsworth, Kans	
22c. DATE SIGNED 4-19-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 4-19-62		23c. NAME OF CEMETERY OR CREMATORY Excelsior Springs, Missouri	
23d. LOCATION (City, town, or county) St. Louis, Missouri		24. FURNERAL DIRECTOR'S ADDRESS Excelsior Springs, Missouri	
25. DATE RECD. BY LOCAL REG. 4-21-62		26. REGISTRAR'S SIGNATURE Barbara Hutchings	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Van Landingham

Licensed Embalmer No. 4909

Chelvia Lewis, Mo.
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.